

## NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### 1. Introduction

This Notice of Privacy Practices ("Notice") describes how we may use and disclose your protected health information ("PHI") to carry out treatment, payment, and/or health care operations and for other purposes that are permitted by law. It also describes your rights concerning your PHI. PHI is information about you, including information that may identify who you are or where you live, that relates to your past, present, or future physical or mental health condition, related health care services, and payment for such services.

### 2. Our Legal Duty

We are required by law to:

- Keep records of the care that we provide to you
- Keep your PHI private
- Abide by the terms of the Notice that is currently in effect, and
- Give you this Notice of our duties and privacy practices with respect to your PHI.

We may change our Notice at any time. We reserve the right to revise or amend this Notice. Any revision or amendment to this Notice will apply to all of your records that have been created or maintained in this facility in the past and for any of your records that we may create or maintain in the future. We will visibly post a copy of the Notice in this facility and you may request a copy of the Notice at any time.

### 3. We May Use and Disclose Medical Information About You

The following categories describe different ways we may use and disclose PHI. Not every use or disclosure in a category will be listed.

**Treatment:** We may use and disclose your PHI to provide you with medical treatment or services. For example, we may disclose your PHI to doctors, nurses, and other health care personnel or providers to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We may also disclose your PHI to other people who provide services that are a part of your care, such as a hospital or school medical office.

**Payment:** We may use and disclose your PHI to bill and collect payment for your health care services. We may disclose your PHI to other health care providers and organizations involved in your care to assist in their billing and collection efforts. This may include, for example, disclosures to your health insurance plan about services we recommend for you so it can determine eligibility, coverage, or medical necessity or for utilization review activities. We may also disclose your PHI to third parties for collection of payment.

**Health Care Operations:** We may use or disclose your PHI in the course of operating our facility. For example, these activities may include evaluating the quality of our services and staff performances. We also may call you by name in the waiting area. We may disclose information to doctors, nurses, technicians, training doctors, medical students, and other medical personnel for review and learning purposes. We may also disclose your PHI to third parties who perform various activities on our behalf, such as accounting, transcription services, and data analysis.

**Education and Training:** Employees, postgraduate fellows, residents, medical students, and other health care professional students may participate in examinations or procedures and in your care as part of an educational program.

**Appointment Reminders:** We may use and disclose your PHI to contact you as a reminder that you have an appointment or to provide you with information regarding your medical care.

**Treatment Alternatives:** We may use and disclose PHI to tell you about possible treatment options or alternatives.

**Health Related Benefits and Services:** We may use and disclose your PHI to tell you about health related benefits or services that may be of interest to you.

**Research:** We may use and disclose your PHI for research purposes but only as allowed by law or with your permission. We may use, or allow other researchers to review, your PHI for the purpose of preparing a plan for a specific research project, but none of your PHI will be allowed to leave our facility. We may use your PHI to contact you with information about a research study in which you might be interested in participating.

### 4. You Will have the Opportunity to Agree or Object to These Uses and Disclosures

Provided you do not object, we may disclose your PHI in the following situations after we discuss it with you. If, however, you are not able to object, we may disclose your PHI if it is consistent with your known prior expressed wishes and it is determined to be in your best interests. As soon as you are able, we will give you the opportunity to object to any further disclosures.

- **Individuals Involved in Your Care or payment for Your Care and Notification:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, information that directly relates to that person's involvement in your health care. We also may give information to someone who helps pay for your care. We may share PHI with these people to notify them about your location and general condition. Finally, we may disclose PHI about you to disaster relief agencies, such as the Red Cross, so that your family can be notified about your condition, status, and location.

## 5. We May Make These Uses and Disclosures Without Your Authorization

- **When Required by Law:** We will use and disclose your PHI when we are required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI to prevent a serious threat to your health and safety or the health and safety of others.
- **For Organ and Tissue Donation:** We will disclose your PHI to a designated organ donor program as required or permitted by law.
- **For Specific Government Functions:** We may disclose PHI of military personnel and veterans in certain situations or for national security reasons, such as protection of the president.
- **For Legal Proceedings:** We may disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone involved in a dispute, but only after efforts have been made to tell you about the request or to obtain an order protecting the PHI requested.
- **For Law Enforcement:** We may use or disclose your PHI for law enforcement purposes, such as legal processes, limited information requests for identification and location purposes, information pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, a crime occurring on our premises, and certain medical emergencies (not on the premises).
- **For Health Oversight:** We may disclose PHI about you to a state or federal health oversight agency that is authorized by law to oversee our operations. These activities are necessary for the government to monitor our health care system, government programs, and compliance with civil rights laws.
- **To Coroners and Medical Examiners:** We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of a death.
- **For Worker's Compensation:** We may disclose your PHI as permitted by worker's compensation laws and other similar programs.
- **For Public Health:** We will disclose PHI to public health authorities for public health activities, investigations, or interventions as required by law.
- **Regarding Inmates or Individuals in Custody:** If you are in legal custody, we may disclose your PHI to a correctional institution or law enforcement official. PHI may be disclosed to provide you health care, to protect your health and safety or the health and safety of others.

## 6. Other Uses and Disclosures of Your PHI

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will stop any use or disclosure of PHI previously permitted by your written authorization. We are unable to "take back" any disclosures we have already made with your permission. Certain information, such as HIV/AIDS and substance abuse information, is subject to additional protections.

## 7. Your Rights Regarding Your PHI

- **You have the right to request restrictions on how we use and disclose your PHI** for treatment, payment, or health care operations. We, however, are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, your request must be in writing and must describe the information you want restricted, whether you are requesting to limit our use, disclosures, or both and to whom you want the limitation to apply.
- **You have the right to request confidential communications from us** by alternate means or at an alternative location. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for your request.
- **You have the right to inspect and obtain a copy of your PHI** that our facility uses for your health care as long as we maintain the PHI. There are a few exceptions. If we deny your request, we will give you reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed.
- **You have the right to request an amendment** if you feel that the PHI that we have about you is incorrect or incomplete. In certain cases we may deny your request for an amendment. If we deny your request, you have the right to file a statement of disagreement with us.
- **You have the right to find out what disclosures we have made about you**, to whom, and why. This applies to disclosures made for reasons other than treatment, payment, or our health care operations. It also excludes disclosures we made to you or as authorized by you, to family members or friends involved in your care, for notification purposes, or as required by law. The right to receive this information is subject to certain exceptions, restrictions, and limitations.
- **You have the right to a paper copy of this Notice.** You are entitled to receive a paper copy of our Notice even if you have agreed to accept this Notice electronically. You may ask us to give you a paper copy at any time.
- **You have the right to file a complaint.** If you believe your privacy rights regarding your PHI may have been violated, you may file a complaint with our office or the Secretary of the Department of Health and Human Services. *You will not be penalized or filing a complaint.*

Effective Date of Notice: April 14, 2005.